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CONFIRMATION NO. 6879

Bib Data Sheet

|  |   |                               |   |                                     |
|--|---|-------------------------------|---|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/748,082   | <b>FILING OR 371(c) DATE</b><br>12/30/2003<br><b>RULE</b>   | <b>CLASS</b><br>315           | <b>GROUP ART UNIT</b><br>2821   | <b>ATTORNEY DOCKET NO.</b><br>D2831 |
| <b>APPLICANTS</b><br>Reza Saedi, Bryn Mawr, PA;<br>Arthur Paoella, Jamison, PA;<br>James Swanson, Douglassville, PA;   |   |                               |   |                                     |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/27/2004</b>   |   |                               |   |                                     |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>PA | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>13           |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>1      |
| <b>ADDRESS</b><br>43471  |   |                               |   |                                     |
| <b>TITLE</b><br>THERMAL COOLER FOR A LASER DIODE PACKAGE   |   |                               |   |                                     |
| <b>FILING FEE RECEIVED</b><br>1370   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |